EXHIBIT 47



There for you.

INCIDENT REPORT

TYPE OF INCIDENT: ASSAULT ROBBERY/HOLD UP BURGLARY HARASSMENT SEX OFFENSE STOLEN VEHICLE THEFT VANDALISM UNDERAGE DRINKING NARCOTICS USE/POSS. DISTURBANCE	FIRE OPERATIONS EMERGENCY PERSONAL ACCIDENT AUTO ACCIDENT BOMB THREAT	SERVICES MEDICAL EMERG. LOST/FOUND PROPERTY ASSIST OTHER DEPARMENTS THER
41 41 00	Lies (use military time)	
DATE OF INCIDENT REPORTED: 4 14 122 TIME OF I	NCIDENT REPORTED:	_ Hrs (use military time)
COMPLAINANT/PERSON REPORTING:		2-0-25-5351
NAME: TWO NO AUMA AGE: SEX:		_
ADDRESS/CITY/STATE/ZIP: 9919RICHMO/D HOUSTO	4X77642 PHONE#	032-376-417WORK
	5' %'	
IS REPORTING PARTY INVOLVED IN INCIDENT? (NO)		S voi
IF NO DESCRIBE THE RELATIONSHIP OF REPORTING PARTY (witness	, relative, etc.):	
VICTIM (if other than reporting party):		9, 1.0
NAME: AGE: SEX:	(MALE) (FEMALE) PHONE#	HOME
ADDRESS/CITY/STATE/ŻIP:	PHONE#	WORK
*		
HOW WAS REPORT RECEIVED: AT TIME OF INCIDENT	DELAYED IN PERSON	DELAYED BY TELEPHONE
REASON FOR DELAY (if any):		
WERE LOCAL AUTHORITIES NOTIFIED: (NO)	BY WHOM:	
POLICE: FIRE: AMBULANCE: OFFICE	RS BADGE/VEHICLE #	#
TIME OF ARRIVAL: Hrs (use military time)	REPORT/COMPLAINT#	
CONTRACT/LOCATION:		
TYPE OF PREMISES: MGN MALL OFFICE BUILDING	BANK CONSTRUCTION	Control Manager Control
CONDOMINIUM PARKING GARAC		OTHER
EXACT LOCATION OF INCIDENT (give landmarks): 5106 R	1850/16-181	(describe)
		AND A
WAS CLIENT NOTIFIED? (NO) TIME: 4:50 WHOM	WAS NOTIFIED? MC	S. W. INC
	SOLAIPM	(name and title)

Use of Force and Reporting Policy; Use of Force Report Form

DATE ISSUED:

02/28/2005

DATE REVISED:

08/19/2021

Use of Force Incident Report

Instructions: Security Professionals are required to complete this report within 24 hours of any incident involving the application of force as defined in the Allied Universal Firearms and Use of Force Policies. Additionally, this form is to be forwarded by the Account Manager or Field Operations Manager over the Security Professional involved in the event to the Legal Services Group (force@aus.com) with copies to the supervisor's management chain (i.e. BM, RVP, RPs).

If a firearm was discharged, do not complete this form; complete the Preliminary Report of Firearm Discharge.

Date and Time of Report: $4-4-22$ 1650	Police Report No. (if known):
Date and Time of Incident:	Location of Incident: HEB 738
Customer/Site Name HERF38	Job No.
Branch	Region

Twona Ahmed

Identity of Person(s) Restrained, Detained, or otherwise subject to Use of Force:

Identity of all Witnesses to the Incident (include addresses and phone numbers):

NA

Description of Injuries to Allied Universal personnel:

Description of Injuries to other than Allied Universal personnel:

Description of Property Damage:

NIA

CONFIDENTIAL AND PRIVILEGED PREPARED AT THE REQUEST OF THE ALLIED UNIVERSAL LEGAL DEPARTMENT

Case 4:23-cv-02823



Employee Statement

Today's	Date: <u>U-4-77</u>	Date HR Rec'vd:
Employee	Information	
Name; Phone 1:	TWENT GMMGD	Emp. #: Phone 2:
Manager:	072-846-4776	Site Name:
work-relate	ersal Concern Resolution process provides ed ed issues or concerns. Please assist us in col Investigation into the issue in question. You	employees with an opportunity to communicate lecting the information necessary to conduct a input is a vital part of our investigation.
and retaliat to prevent a objectives,	ion, to keep evidence from being destroyed, a cover-up. AlliedBarton may request in some information shared in investigation remain co	otect witnesses from harassment, intimidation to ensure that testimony is not fabricated, and a circumstances that in order to achieve these infidential.
ALONG AND	or concern and or complaint. Please be as sp	
to me numi	wer the questions below. Use additional shee an Resources Department using one of the m will be reviewed and you will be contacted.	its as necessary. Once complete please return lethods listed below. Once statement is
Mail: A	llied Universal Security/ HR – 713-802-1326 llied Universal Security/HR – 1235 N Loop W op-off: Allied Universal Security/HR – 1235	est Suite 400 Houston, TX 77008
STORES CALLE	THE PROVITUESTORED THE MIGHT COMEDACKA MEDOCKECKELINION	GSledalnHG
XOUDE	RUCOME INSIDETHE STO XSOTHEMINENTHACK	InsIde THE STORET BEXHAD
basks	toff Ulalco Holinbe	EP
2. List all fa	cts that support your concerns. Who, What, I	When, Where
a. wi		